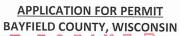
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County

PO Box 58

Address to send permitstaff

Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138



Date Stamp (Received) MAY 1 3 ZU19



Permit #: Amount Paid: Refund:

Copy of Tax Statement

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No Checks are made pay					Bayfi	ield Co. Zoning	Dept.		a b		1,207,57			
DO NOT START CONS					TO APP	PLICANT.		ATT	5-\$	FILL OUT	T IN INK	(NO PE	NCIL)	
TYPE OF PERMIT I	REQUEST	TED-	☐ LANI	O USE 🗆 SA	NITAR		□ CONDI	TIONAL	USE	☐ SPECIAL	USE [B.O.A	. 🗆 C	THER
Owner's Name:		1	1		Mail	ing Address:		City/S	tate/Zip	:		7	Telephon	e: David
David EAL	ZUXS	> K	ontni	1	54	785 Mat	tsin	Gra	nd I	IEW, N	1154	1839	115-	a9a-314
Address of Property	:]			J	City/	State/Zip:		10,100				-	Cell Phon	e: Lexi
54785 1	Nath	54	une		(W	and lie	WIN		r	715-	413-001			
Contractor:	IIA				Contractor Phone: Plumber:								Plumber I	
Authorized Access	JH													
Authorized Agent: (Person Sigi	ning Applic	cation on behal	f of Owner(s))	Ager	nt Phone:	Agent Ma	lling Addr	ress (inc	lude City/State	/Zip):		Nritten A Attached	Authorization
												[Yes	□ No
PROJECT	Legal	Descript	tion: (Use Ta	ax Statement)	Tax I	<u>D#</u>					Record			wing Ownership)
The second second	LOCATION							1						90877
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			Other: (ex		K						(14	x ac)	980
I (we) declare that this a	application (including a	FAILURE TO	OBTAIN A PERMIT	or STAF	RTING CONSTRUCTIO ned by me (us) and to th	N WITHOUT	PERMIT \	WILL RES	ULT IN PENALTI	ES		and the second section	AL ALL V
(are) responsible for the	e detail and	accuracy of	all information I	(we) am (are) provid	ling and th	hat it will be relied upon	by Bayfield Cou	nty in deter	rmining w	hether to issue a p	ermit. I (we	further acc	ent liability	which may be a
property at any reason	ble time for	r the purpo	se of inspection.	face) broxiding in or	1 1	application. I (we) conse	and d	A A A	ea with ac	ministering count	y ordinance	s to have acc	ess to the a	above described
Owner(s):	10		15	dV	UK,	US KO	MIDV	W			Date	5	5	4
	tiple Own	ers listed	on the Deed	All Öwners must	sign <u>or</u>	letter(s) of authoriz	ation must a	ccompan	y this ap	plication)		$\sim t$	-	
Authorized Agen	t:					U		J			Date			
MAV	7 00	dillara cio	ming on bobo	If of the ownerle	\ a latta	e of authorization as	ust accer-	and alice of	and the same					

Deck over over proventy on septic marks wasted

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measuren	nent		Description	Measur	ement
Setback from the Centerline of Platted Road	250	Feet		Setback from the Lake (ordinary high-water mark)	_	Feet
Setback from the Established Right-of-Way		Feet	Til	Setback from the River, Stream, Creek	160	Feet
				Setback from the Bank or Bluff	60	Feet
Setback from the North Lot Line	131	Feet				
Setback from the South Lot Line	120	Feet		Setback from Wetland	_	Feet
Setback from the West Lot Line	1000	Feet		20% Slope Area on the property	Yes	□No
Setback from the East Lot Line	1180	Feet		Elevation of Floodplain	_	Feet
Setback to Septic Tank or Holding Tank	60	Feet		Setback to Well	30	Feet
Setback to Drain Field	NA	Feet				
Setback to Privy (Portable, Composting)		Feet	1311			

rior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	Sanitary Number: # of bedrooms: Sanitary Date: 10-1-						
Permit Denied (Date):	Reason for Denial:							
Permit #: /9-0105	Permit Date: 5-1	7-19						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Yes Yes	ntiguous Lot(s))	Mitigation Required Mitigation Attached	□ Yes ☑ No □ Yes ☑ No	Affidavit Required				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Section 1. Previously Granted by No.	/ Variance (B.O.A.) Case	e #:				
	No	Were Property Lines Represented by Owner Was Property Surveyed Wese						
Inspection Record:				Zoning District (Lakes Classification (A-1)			
Date of Inspection: 5/16/19	Inspected by:	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Condition	Attached?	No they need to be atta	iched.)					
Signature of Inspector	practices shall be i	action site best manag implemented to preve- entation onto neigh nds. Necessary UDC	nt any boring	Date of Approval:	5/17/19			
Hold For Sanitary: Hold For TBA:	Hold For Aff	idavit: 🗆	Hold For Fees:	□				

After-the-Fact

AND USE - X

SANITARY - 5041

SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0105	ssued To:	David K	Contny & Al	exys l	Luciu	IS				
Location:	SE ¼ of NE N of RR ROW	½ Sect	ion 22	Township	45	N.	Range	6	W.	Town of	Grand View
Gov't Lot	Lot		Block	Su	bdivisio	n				CSM#	

For: Residential Addition / Alteration: [1- Story; Deck (14' x 20') = 280 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

May 17, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIFLD COUNTY, WISCONSIN



Permit #:	19-0111
Date:	5-17-19
Amount Paid:	\$75 5-6-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUC	TION UNTIL	ALL PERMITS I	HAVE BEEN ISSUED TO	APPLICANT.			FILL OUT	IN IN	IK (<mark>NO P</mark>	ENCIL)		
TYPE OF PERMIT REQU	ESTED→	LAN			CONDITION	AL USE	□ SPECIAL	USE	□ B.O.	A. 🗆 (OTHER	
Owner's Name:		- 1 /	M	ailing Address:	City	y/State/Zip		//	27	Telephor	ne:	
Randall 7	7.6	pilber	tson C	07564 Long	eStarRd .	Shel	1 Kake	3	4871			
Address of Property:		1		ty/State/Zip:						Cell Phor		
20075 5	Suc	den K	d	Corand U	ew., u	I S	1483	9		715-520-2112		
0	ager		~	ontractor Phone: 15-645-0831	Plumber:				4	Plumber	Phone:	
Authorized Agent: (Person	Signing Appl	ication on behal			Agent Mailing A	ddress (incl	ude City/State	/Zip):		Written	Authorization	
			=							Attached	1	
PROJECT			Ta	ıx ID#				Reco	orded Docu	☐ Yes ment: (Sho	owing Ownership)	
LOCATION	gal Descrip	otion: (Use T	ax Statement)	17750							30-421	
564 1/4, 5 15	1/4	Gov't Lot	Lot(s) CSN		VI Doc# Lot	(s) No.	Block(s) No.	Subo	division:			
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Section 3Z, T	ownship _	45 N, R	Range W	Town of:	10.			Lot S		Acrea		
				Grand	View			J	Z.4Ac	32	2,4HC	
			2002 P. S. S. S. S. S.	Stream (incl. Intermittent)			rom Shoreline	e :	Is Prop	erty in	Are Wetlands	
☐ Shoreland				If yescontinue —	/	25	f	eet	Floodpla	in Zone?	Present?	
	Is Property	y/Land withi	n 1000 feet of Lake,	Pond or Flowage If yescontinue	Distance Str	ucture is f	rom Shoreline f	e: eet	×		☐ Yes ※No	
□ Non-Shoreland				n yes continue				eet	43	10	ANO	
a Non Shoreland												
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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE <u>Praw</u> or <u>Sketch</u> your <u>Property</u> (regardless of what you are applying for) Fill Out in Ink - NO PENCIL (1) **Show Location of:** Proposed Construction Show / Indicate: North (N) on Plot Plan (2)(3)Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property (5)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% Short Steep Slope To River [Prived Proposed Addition

Existing

Structure

(20°

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

A MIL

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent		Description	Measur	ement
Setback from the Centerline of Platted Road	WH	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	NA	Feet		Setback from the River, Stream, Creek	175	Feet
				Setback from the Bank or Bluff	120	Feet
Setback from the North Lot Line	6.00+	Feet				
Setback from the South Lot Line	6004	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	6007	Feet		20% Slope Area on the property	XYes	₩No
Setback from the East Lot Line	90	Feet	Ш	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	NA	Feet		Setback to Well	NA	Feet
Setback to Drain Field	1/A	Feet		The stee	2010	1000
Setback to Privy (Portable, Composting)	50	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 34	151-PLU 94 # of bedrooms: Prills	Sanitary Date: 8/4/94							
Permit Denied (Date):	Reason for Denial:									
Permit#: 19-0111	Permit Date: 5-	-17-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contiguo) Yes (Fused/Contiguo) Yes (Deed of Record Yes Yes	ous Lot(s)) 🗹 No	Mitigation Required Mitigation Attached Yes No No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No							
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case	a #:							
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Yes								
Inspection Record: Out of Elodplain, No	Flood plain To	The east Zoning District (F. Lakes Classification (-								
Date of Inspection: 5/15/19	Inspected by:	Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Atta	The State of State of									
Signature of Inspector:	practices shall be erosion or sedim	uction site best management implemented to prevent any nentation onto neighboring nds. Necessary UDC permit	Rec'd for Issuance MAY 1'7 2018 Date of Approval: Secretarial Staff(6) 9							
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: Hold For Fees:								

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 3451 (Privy)
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	111		Issu	ed To:	Ra	ndall	Gilbertson							
E ½ SW ½ Location:			lile (of		Secti	on	32	Township	45	N.	Range	6	W.	Town of	Grand View
Gov't Lot			Lo	t		Blo	ck	Sub	odivisio	on				CSM#	

For: Residential Addition / Alteration: [1- Story; Bedroom (12' x 18') = 216 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

May 17, 2019

Date